

**HAGERSTOWN YOUTH HOCKEY ASSOCIATION
HAGERSTOWN ICE & SPORTS COMPLEX
580 SECURITY ROAD
HAGERSTOWN, MD 21740
www.hagerstownice.org
www.hagerstownhockey.com**

**Spring 2010 Learn to Play Hockey Registration Form
Saturdays 8-8:50AM
April 10th
10 week session
\$69.00 session/\$10 drop-in**

Please Print Clearly and Legibly

Name of Player _____ Birth date _____
 Parents Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____
 Players email Address _____
 Parents email Address (if different) _____

HISC & HYHA respect your privacy. Your information and email address will not be shared or sold. It is used only for communication regarding program information such as cancellations, postponements and future programs scheduled at the rink.

<p>In consideration of being allowed to participate in any way in Hagerstown Ice & Sports Complex and Hagerstown Youth Hockey Association sports programs and related events and activities, the undersigned:</p> <ol style="list-style-type: none"> 1. Agrees that prior to participating, he/she will inspect the facilities and equipment to be used and if he/she believes anything is unsafe, he/she will immediately advise their coach or supervisor of such condition(s) and refuse to participate. 2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time. 3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death. 4. Releases, waives, discharges and covenants not to sue Hagerstown Ice & Sports Complex and Hagerstown Youth Hockey Association, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, volunteers, sponsoring agents, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases," from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. 5. Gives the Hagerstown Ice & Sports Complex (HISC) and the Hagerstown Youth Hockey Association (HYHA), the absolute right and permission to use my image or my son's/daughter's image(s) in its promotional material (publication, print ad, direct-mail piece, electronic media and Internet sites) for the purpose of promoting any and all programs associated with the rink. I release HISC & HYHA, the photographer, the ice rink user groups, employees, volunteers, agents, and designees from liability for any violation of any personal or proprietary right(s) I may have in connection with such use. <p>I have read the above Waiver & Release, understanding that I give up substantial rights by signing it, and sign it voluntarily.</p>
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Parents Signature: _____ Date: _____

Learn to Play Hockey provides a more structured "Practice Like" environment aimed at preparing the participant to play organized hockey. Players must be able to follow the instructions of the coaches.

HISC / HYHA USE

PAYMENT RECEIVED AT REGISTRATION

Date Received: _____ Payment Form: CASH CHECK CHARGE

Payment Amount: _____ POS Receipt #: _____ Staff Initials: _____